B. RESIDENCE HISTORY

B1.   Is (SP) currently a resident of this (facility/home)?

CURRESID   YES .... 1 (ENTER 00/00/00 AS DISCHARGE DATE,
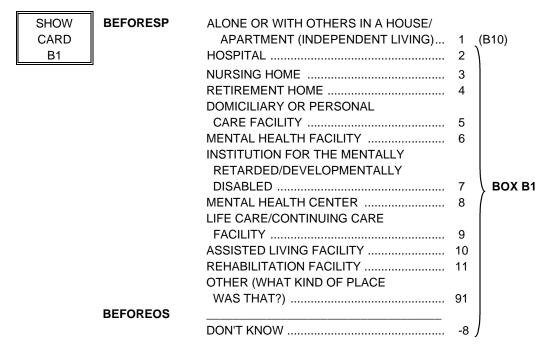   CIRCLE "ALIVE" ON FLAP. THEN
                                                      GO TO B8)

                               NO 2 (B2)
                               DON'T KNOW .... -8 (B3)

B2.   When was (SP) formally discharged?
ENTER "DISCHARGE DATE" ON FLAP, AND SKIP TO B4. IF (SP) WAS NOT FORMALLY DISCHARGED, ASK B3.

DISCHMM, DISCHDD, DISCHYY

B3.   Is a bed being held for (SP) at this facility?

BEDHELD   YES .... 1 (ENTER 00/00/00 AS DISCHARGE
                                                      DATE, CIRCLE "ALIVE" ON FLAP.
                                                      THEN GO TO B5)

                               NO .... 2 (ASK B2 AND RECODE)
                               DON'T KNOW .... -8 (ENTER 00/00/00 AS DISCHARGE
                                                      DATE AND GO TO B4)

B4.   Was (SP) discharged alive?

ALIVE   YES .... 1 (CIRCLE ALIVE ON FLAP. THEN
                                                        GO TO B5)
                               NO .... 2 (CIRCLE DECEASED ON FLAP,
                                                      THEN GO TO B8)
                               DON'T KNOW .... -8 (CIRCLE UNKNOWN ON FLAP,
                                                        THEN GO TO B8)

B5.   Look at this card and tell me what best describes the place where SP went [after being discharged]?

PLACENEW   ALONE OR WITH OTHERS IN A HOUSE/APARTMENT
          (INDEPENDENT LIVING) 1 (B6)
        HOSPITAL 2
        NURSING HOME 3
        RETIREMENT HOME 4
        DOMICILIARY OR PERSONAL
          CARE FACILITY 5
        MENTAL HEALTH FACILITY 6
        INSTITUTION FOR THE MENTALLY
          RETARDED/DEVELOPMENTALLY
          DISABLED 7   (B7)
        MENTAL HEALTH CENTER 8
        LIFE CARE/CONTINUING CARE
          FACILITY 9
        ASSISTED LIVING FACILITY 10
        REHABILITATION FACILITY 11
        OTHER (WHAT KIND OF PLACE
          WAS THAT?) 91
PLACENOS   _____
        DON'T KNOW .... -8

B6.   What is (SP's) address and telephone number?

STADDR1_____
ADDRESS

CITY_____ / **STATE**_____
          CITY   STATE

ZIPCODE_____   **PHONAREA**(_____) **PHONEXCH**_____ **PHONLOCL**_____
ZIP   TELEPHONE

+----------------------+
| SKIP TO B8 |
+----------------------+

B7.   What is the name and address of that place?

NEWFNONE   PLACE HAS NO NAME 1

NFACNAME   _____
        NAME

NFACADDR   _____
        ADDRESS

NFACCITY   _____ / _____
NFACST   CITY   STATE

NFACZIP   _____
        ZIP

        DON'T KNOW .... -8

6

B8.   When was (SP) **first** admitted to this (facility/home)?
        ENTER DATE AS "ADMISSION DATE" ON FLAP.

B9.   Where was (SP) just before being admitted here on (ADMISSION DATE)?

SHOW CARD B1	**BEFORESP**	ALONE OR WITH OTHERS IN A HOUSE/ APARTMENT (INDEPENDENT LIVING)...	1	(B10)
		HOSPITAL	2	
		NURSING HOME	3	
		RETIREMENT HOME	4	
		DOMICILIARY OR PERSONAL CARE FACILITY	5	
		MENTAL HEALTH FACILITY	6	
		INSTITUTION FOR THE MENTALLY RETARDED/DEVELOPMENTALLY DISABLED	7	**BOX B1**
		MENTAL HEALTH CENTER	8	
		LIFE CARE/CONTINUING CARE FACILITY	9	
		ASSISTED LIVING FACILITY	10	
		REHABILITATION FACILITY	11	
		OTHER (WHAT KIND OF PLACE WAS THAT?)	91	
	BEFOREOS	_____		
		DON'T KNOW	-8	

B10.   At that time, was (SP) living with relatives, with non-relatives, or alone?

LIVWRELA	WITH RELATIVES.......................................	1	
	WITH NON-RELATIVES...............................	2	
	BOTH...	3	
	ALONE	4	**BOX B1**
	WITH OTHERS, RELATIONSHIP NOT KNOWN	5	
	DON'T KNOW	-8	

BOX B1	IS THE ADMISSION DATE...		
	BEFORE THE REFERENCE DATE	1	(B11)
	THE SAME AS THE REFERENCE DATE	2	(ENTER ADMISSION
	AFTER THE REFERENCE DATE	3	DATE AS KEY DATE ON FLAP AND GO
	KEYDATMM, KEYDATDD, KEYDATYY		TO B15.)

B11.   Was SP a resident of this (facility/home) on (REFERENCE DATE)?

SPFACRES   YES .... 1 (ENTER REFERENCE
                                                                                     DATE AS KEY DATE, GO
                                                                                     TO B15)
                          NO 2 (B12)

B12.   Since the (REFERENCE DATE), when was the first time (SP) was admitted to this facility/home?
        ENTER DATE AS "KEY DATE" ON FLAP.

        KEYDATMM, KEYDATDD, KEYDATYY

B13.   Look at this card and tell me what best describes where (SP) was prior to being admitted here?

SHOW CARD B1	**BEFREFSP**	ALONE OR WITH OTHERS IN A HOUSE/APARTMENT (INDEPENDENT LIVING) 1	(B14)
		HOSPITAL 2	
		NURSING HOME 3	
		RETIREMENT HOME 4	
		DOMICILIARY OR PERSONAL CARE FACILITY 5	
		MENTAL HEALTH FACILITY 6	
		INSTITUTION FOR THE MENTALLY RETARDED/DEVELOPMENTALLY DISABLED 7	(B15)
		MENTAL HEALTH CENTER 8	
		LIFE CARE/CONTINUING CARE FACILITY 9	
		ASSISTED LIVING FACILITY 10	
		REHABILITATION FACILITY 11	
		OTHER (WHAT KIND OF PLACE WAS THAT?) 91	
	BEFREFOS	_____	
		DON'T KNOW .... -8	

B14.   At that time, was (SP) living with relatives, with non-relatives, or alone?

SPRELREF	WITH RELATIVES... 1	
	WITH NON-RELATIVES............................... 2	
	BOTH.. 3	
	ALONE 4	(B15)
	WITH OTHERS, RELATIONSHIP NOT KNOWN 5	
	DON'T KNOW .... -8	

B15.	Between (KEY DATE) and [DISCHARGE DATE (ITEM 7 ON FLAP)/today], was (SP) ever formally discharged from this (facility/home) and readmitted?

CFACDISC   YES 1   (B16)
                              NO 2   (SECTION C)
                              DON'T KNOW .... -8   (SECTION C)

B16.	What were the discharge and readmission dates for any periods between (KEY DATE) and [(DATE IN B2)/today] that (SP) was not a resident here?

	DISCHARGE DATE				READMISSION DATE		
	FDISCMM	**FDISCDD**	**FDISCYY**		**FREADMM**	**FREADDD**	**FREADYY**
PERIOD 1:	_____/	_____/	_____	THROUGH	_____/	_____/	_____
	(MONTH)	(DAY)	(YEAR)		(MONTH)	(DAY)	(YEAR)

B17.	Look at this card and tell me what best describes the place where SP went after being discharged?

SHOW CARD B1	**WHEREGO**	ALONE OR WITH OTHERS IN A HOUSE/APARTMENT (INDEPENDENT LIVING) 1 (B18)

HOSPITAL .... 2 ⎫
NURSING HOME 3
RETIREMENT HOME 4
DOMICILIARY OR PERSONAL
  CARE FACILITY 5
MENTAL HEALTH FACILITY 6
INSTITUTION FOR THE MENTALLY
  RETARDED/DEVELOPMENTALLY
  DISABLED .... 7 ⎬ (B19)
MENTAL HEALTH CENTER 8
LIFE CARE/CONTINUING CARE
  FACILITY 9
ASSISTED LIVING FACILITY 10
REHABILITATION FACILITY 11
OTHER (WHAT KIND OF PLACE
  WAS THAT?) 91

WHEREOS   _____
                            DON'T KNOW .... -8 ⎭

B18.	At that time, was (SP) living with relatives, with non-relatives, or alone?

IREFRELA   WITH RELATIVES.. 1   ⎫
                              WITH NON-RELATIVES............................... 2
                              BOTH.. 3
                              ALONE 4   ⎬ (B19)
                              WITH OTHERS, RELATIONSHIP
                                NOT KNOWN 5
                              DON'T KNOW .... -8   ⎭

B19.   Was there another time that (SP) was formally discharged from this (facility/home) and readmitted?

          IFACREF   YES .... 1 (COMPLETE
                                                              SUPPLEMENT
                                                              SECTION FOR EACH
                                                              DISCHARGE EPISODE)
                              NO .... 2 (SECTION C)
                              DON'T KNOW .... -8 (SECTION C)